

Name of Person Filing Document: _____
 Your Address: _____
 Your City, State and Zip Code: _____
 Your Telephone Number: _____
 ATLAS Number: _____
 Representing ☐ Self, Without a Lawyer OR
 Attorney for ☐ Petitioner or ☐ Respondent

SUPERIOR COURT OF ARIZONA MARICOPA COUNTY

 Name of Petitioner/Plaintiff

CASE NO. _____

and

REQUEST FOR RELEASE OF A PROTECTED ADDRESS

 Name of Respondent/Defendant

I request the court to release the address of:

Name of Person: _____

Relationship to You: _____

Information about the protected address: (Check one box. One of these statements must be true, or this paperwork will not work for you. You may want to see a lawyer for help.)

- ☐ There is a court order that currently requires the address to be protected.
☐ My case is a IV-D case. (This means that DES is involved.)

I need the address of the person identified above for the following reasons:

 TODAY'S DATE:

 YOUR SIGNATURE: